



West Virginia Health Insurance Marketplace/Exchange
Evaluation

Statewide Population Survey



Please complete this survey if you are 18 years of age or older. Answer the following questions by checking the correct box or writing your answer in the space provided. You may skip questions. Please return using the prepaid envelope provided.



Q1: Do you have one person you think of as your personal doctor or healthcare provider such as a primary care provider, nurse practitioner, or physician’s assistant?

☐ Yes ☐ No

Q2: About how long has it been since you last visited a doctor or other healthcare provider for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

☐ Within the past year ☐ I have never been to a doctor for a routine checkup
☐ Within the past 2 years
☐ Within the past 5 years ☐ Don’t know or don’t remember
☐ 5 or more years ago

Q3: In the past 12 months, did you go without one of the following because you could not afford it?

	I did not need this	Yes	No
Seeing a healthcare provider for an illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing a specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A procedure or surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A test or screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A check up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4: Would you say that, in general, your health is:

Poor ☐ Below Average ☐ Average ☐ Good ☐ Excellent ☐

Q5: Have you ever been told by a healthcare provider that you have any of the following chronic conditions (Check Yes or No)?

	Yes	No
High blood pressure (hypertension)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (sugar)	<input type="checkbox"/>	<input type="checkbox"/>
High blood cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Other long term medical condition	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness or depression	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse/addiction	<input type="checkbox"/>	<input type="checkbox"/>

Q6: How many times over the past 12 months did you go to the emergency room? (If 0, skip to question 8)

Q7: How many of these emergency room visits were because you could not afford to go somewhere else such as a doctor's office or an urgent care clinic?

Q8: Do you have health insurance?

If YES, please answer this column <div style="text-align: center;">↓</div>	If NO, please answer this column <div style="text-align: center;">↓</div>																																
Overall, how would you rate your current health insurance? <input type="checkbox"/> Terrible <input type="checkbox"/> Very Poor <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent <input type="checkbox"/> Unsure / Don't Know	Prior to today, how long has it been since you had health insurance? <input type="checkbox"/> I had health insurance in the past year but do not have it now. <input type="checkbox"/> It has been 1-2 years. <input type="checkbox"/> It has been 3-4 years. <input type="checkbox"/> It has been 5-10 years. <input type="checkbox"/> It has been more than 10 years. <input type="checkbox"/> I have never had health insurance coverage.																																
Do you currently cut your spending on basic needs such as food, utility bills, or housing in order to pay for your insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure / Don't know	What is your primary reason for not having health insurance (select all that apply)? <input type="checkbox"/> I could not afford health insurance. <input type="checkbox"/> Health Insurance was not available. <input type="checkbox"/> I did not feel I needed health insurance. <input type="checkbox"/> I did not want to pay for health insurance. <input type="checkbox"/> I have a health condition that kept me from enrolling for health insurance. <input type="checkbox"/> Other: _____																																
How do you pay for health insurance? (Check all that apply) <input type="checkbox"/> I pay for all of my health insurance <input type="checkbox"/> I pay for some of my health insurance <input type="checkbox"/> An employer pays for all of my insurance <input type="checkbox"/> An employer pays for some of my insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Other: _____ <div style="text-align: center; margin-top: 10px;"> GO TO PAGE 4 → </div>	If you had health insurance, would you be likely to decrease or increase the number of times a year you do the following? <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%;">Increase</th> <th style="width: 15%;">Decrease</th> <th style="width: 30%;">Probably not change</th> </tr> </thead> <tbody> <tr> <td>See a healthcare provider when you are sick</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>See a specialist</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>See a healthcare provider for a wellness checkup</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Go to the emergency room for treatment</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Stay overnight in the hospital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>See a Primary Care Center</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Visit an urgent care facility</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;"> GO TO PAGE 4 → </div>		Increase	Decrease	Probably not change	See a healthcare provider when you are sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See a specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See a healthcare provider for a wellness checkup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go to the emergency room for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stay overnight in the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See a Primary Care Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visit an urgent care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Increase	Decrease	Probably not change																														
See a healthcare provider when you are sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
See a specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
See a healthcare provider for a wellness checkup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
Go to the emergency room for treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
Stay overnight in the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
See a Primary Care Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														
Visit an urgent care facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																														

Please Read the Following:

The **WV Health Insurance Marketplace/ Exchange** will allow individuals and small businesses to compare qualified health plans, find out if they are eligible for tax credits for private insurance or health programs such as Medicaid and the Children's Health Insurance Program (CHIP), and enroll in a health plan.

1. You can enroll on-line, by phone, mail, or in person beginning October 1, 2013.
2. Families and individuals with incomes of up to 400% of the federal poverty level will be eligible for subsidies (financial help).
3. Individuals and families buying insurance in the individual market will be guaranteed coverage for pre-existing conditions, and their premiums cannot vary based on their gender or medical history.

Find out more by visiting www.healthcare.gov or calling 1-800-318-2596 (TTY: 1-855-889-4325)

Q9: Before today, how familiar were you with the WV Health Insurance Marketplace/Exchange?

Not at all familiar

☐

Not too familiar

☐

Somewhat familiar

☐

Very familiar

☐

Q10: Prior to today, did you know people would be able to get financial help from the government to pay for health insurance using the WV Health Insurance Marketplace/Exchange?

☐ Yes

☐ No

Q11: Prior to today, did you know the WV Health Insurance/Marketplace will open on October 1, 2013?

☐ Yes

☐ No

Q12: To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I am very interested in finding out more about the WV Health Insurance Marketplace/ Exchange.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to buy insurance to take better care of my family's health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family member or I have a specific health problem and I need to make sure that problem is covered in my insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have time to find out more about the WV Health Insurance Marketplace/Exchange.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The WV Health Insurance Marketplace/ Exchange is a good thing for the people of WV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I want to buy insurance from a company I've heard of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want to comply with the law requiring most individuals to have healthcare coverage beginning next year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial help from the government is important in my decision to buy health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am financially better off with health insurance than I am without health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Competition between insurance companies will lead to lower costs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q13: How likely is it that you will use the Marketplace/ Exchange to buy your insurance between October 1, 2013 and March 31, 2014?

Very Unlikely ☐
 Unlikely ☐
 Likely ☐
 Very Likely ☐
 Don't Know ☐

Q14: Do you think you and/or your family will qualify for subsidies (financial help) on the WV Health Insurance Marketplace/ Exchange?

☐ Yes
 ☐ No
 ☐ I don't know

Q15: If you had to choose one, which is more important to you when buying health insurance?

Price

☐

Quality

☐

Q16: How confident do you feel about your ability to find information about the WV Health Insurance Exchange/Marketplace?

Not at all confident

☐

Not too confident

☐

Somewhat confident

☐

Very Confident

☐

Q17: How confident do you feel about your ability to fill out health insurance forms by yourself?

Not at all confident

☐

Not too confident

☐

Somewhat confident

☐

Very Confident

☐

Q18: How often do you need to have someone help you when you read instructions, pamphlets, or other written material related to health insurance?

Never

☐

Rarely

☐

Sometimes

☐

Often

☐

Always

☐

Q19: Would you have health insurance next year (2014) if not required by law?

☐ Yes

☐ No

☐ I do not know about the law

Q20: What year were you born?

Q21: Which one of these groups would you say best represents your race or background? Please choose all that apply.

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other : _____

Q22: What is the highest grade or year of school you completed?

- ☐ Less than a high school diploma
- ☐ High school diploma or GED
- ☐ Some college or Associate's (2 year) degree
- ☐ Bachelor's degree (4 years of college)
- ☐ Advanced, graduate, or professional degree

Q23: Are you currently...?

- ☐ Employed for wages / salary
- ☐ Self-employed
- ☐ Out of work for less than 1 year
- ☐ A Homemaker
- ☐ Out of work for 1 year or more
- ☐ A Student
- ☐ Retired
- ☐ I have a disability that prevents me from working

Q24: Are you?

- ☐ Male
- ☐ Female

Q25: What is your household size?

Q26: How many children 18 and under live in your household?

Q27: What is your current marital status?

- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Single, never married
- ☐ Other: _____

Q28: What was your household income last year?

- ☐ Less than \$10,000
- ☐ \$10,000 - \$14,999
- ☐ \$15,000 - \$19,999
- ☐ \$20,000 - \$24,999
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 - \$49,999
- ☐ \$50,000 - \$74,999
- ☐ \$75,000 or more
- ☐ Not sure or don't know

Q29: Does your family make more than the following?

FAMILY SIZE	YEARLY INCOME
1	\$48,283
2	\$65,167
3	\$82,051
4	\$98,935
5	\$115,819
6	\$132,703

- ☐ Yes ☐ No

Q30: In the last six months, have transportation problems kept you from receiving medical care?

- ☐ Yes ☐ No

Q31: Do you have a way to easily access the internet?

- ☐ Yes ☐ No

Q32: In general, when it comes to politics, do you usually think of yourself as:

- Strongly liberal ☐ Liberal ☐ Moderate ☐ Conservative ☐ Strongly conservative ☐

Q33: What county are you from? _____

Do you have any final comments about the WV Health Insurance Marketplace/Exchange, or your healthcare in general?



Thank you for completing the survey!
Please return it to us using the
envelope provided. Postage has been
prepaid.



BACK COVER